

AP/DPW



03560.003326

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
TAKEHARU OKUNO) : Examiner: A. Lavaras
Application No.: 10/603,892) : Group Art Unit: 2872
Filed: June 26, 2003) :
For: POLARIZATION)
SEPARATION ELEMENT) :
AND OPTICAL APPARATUS)
USING THE SAME : March 16, 2005

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Official Action mailed December 21, 2004, the Examiner is respectfully requested to consider and enter the following amendments.



In re Application of:

Docket No. 03560.003326

TAKEHARU OKUNO

Application No.: 10/603,892

Examiner: A. Lavaras

Filed: June 26, 2003

Group Art Unit: 2872

For: POLARIZATION SEPARATION
ELEMENT AND OPTICAL
APPARATUS USING THE SAME

Date: March 16, 2005

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8	MINUS	20	= 0	x \$9 \$18	0
INDEP. CLAIMS	1	MINUS	5	= 0	x \$44 \$88	0
Fee for Multiple Dependent claims \$150/\$300						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$_____ is enclosed.

Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

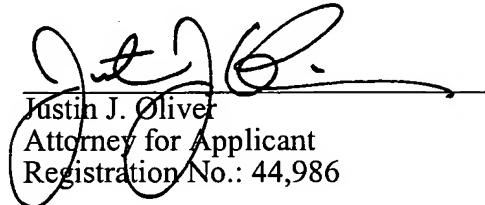
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.

A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Justin J. Oliver
Attorney for Applicant
Registration No.: 44,986

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